## **CTMS Adverse Events Reporting SIG Teleconference Meeting Minutes**

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Wednesday, September 3, 2004

3:00 - 4:00 PM EDT

## Attendees:

Working group coordinator: Scott Finley (Booz Allen Hamilton) Harshawardhan Bal (Booz Allen Hamilton)

#### Participants:

Name	Email	Center
Joyce Niland (SIG	jniland@coh.org	City of Hope
lead)		
Diane Paul	funnylady93@earthlink.net	CARRA
Hemant Shah	hshah@coh.org	City of Hope
Erin Iturriaga	iturriae@mail.nih.gov	DCP
John Speakman	speakman@biost.mskcc.org	Sloan-Kettering
Andrea Hwang	ychwang@uci.edu	UC Irvine
Bob Morrell	bmorrell@wfubmc.edu	Wake Forest
Rhoda	rza@medicine.wisc.edu	Wisconsin
Arzoomanian		
Amy Cox	acox@coh.org	City of Hope

## Agenda

Review of Minutes: August 11, 2004

П. Updated Proposed AE System High Level Diagram Review Amy Cox - COH

III. CaBIG AE, CTMS-CDUS Survey Summary Review Dr. Niland and Amy Cox – COH

IV. CaBIG Clinical Trial Management Systems Quarterly In-Person Meeting

Location: City of Hope National Medical Center

Duarte, CA

November 16 – 17, 2004 Dates:

٧. **Future Plans** 

VI. Next Meeting: September 17, 2004

# General discussion Amy Cox presented an updated flow diagram for identifying and points raised by reporting adverse events based on feedback from previous participants: teleconference. Information flow processes from the perspective of four actors: cancer center, cancer center system(s), caBIG adverse events system and participant were described. The actor "Patient" was renamed to Participant and was meant to denote a research subject. Hemant Shah suggested the use of the term "Affected individual" based on the ICSR ballot of HL7, which could imply a study participant, a relative of a patient or a fetus. Potential problems created as a result of differences in the codes or fields used to represent or store data by legacy systems and caBIG systems were discussed. A mapping or translation table. which would synchronize or translate the different nomenclatures was proposed. The need for an executive committee to review adverse events (content, timing, etc.) before posting to a website was raised. This could be the function of an external advisory agency. The results of the AE / CTMS – CDUS SIG Survey that was sent to 30-odd centers was presented by Joyce Niland and Rhoda Arzoomanian. The survey polled centers for types of AE data collection systems, existing systems functionality, legacy AE reporting systems/databases (which included vendor and homegrown systems), type of CTMS and CDUS data capture and reporting capabilities and issues/barriers with CTMS and/or CDUS report systems. The different practices used by cancer centers for grading toxicities as expected or unexpected was discussed. **Action items:** Distribute version 3 of the AE / CTMS – CDUS SIG survey Review optimal idealized workflow for harmonized unified AE reporting module Incorporate electronic changes to Activity Diagram from CTEP and complete the CTEP workflow Obtain rule tables from CTEP for triggering AE reporting from Ann Setser Present flowchart of DCP AE information flow after appropriate

reviews